BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named

	below) or an original, first claimed and for which a p	and joint inventor	(if plural inventors	are named b	pelow) of the s		
Insert Title:	TRIAZOLE COMPOUND	S AND THEIR USE	AS METABOTROPI	C GLUTAM	ATE RECEPT	OR ANTAG	ONISTS
	the specification of which docket number as set forth			eto, the appl	lication is ider	ntified by the	e attorney
Fill in Appropriate Information -	The specification was filed	on <u>08/08/200</u>	6 as United Stat	es Applicati	on Number _		;
	and amended on08	/08/2006 (if a	applicable) and/or				
For Use Without Specification	the specification was filed	on 02/17/2005	as PCT Internatio	nal Applicat	ion Number <u>I</u>	PCT/US2005	<u>/005200</u> ;
Attached:	and was amended on I hereby state that I had claims, as amended by any I acknowledge the du Federal Regulations, §1.56. I do not know and do our invention thereof, or puthereof or more than one ye of America more than one an inventor's certificate issuent an application filed by interest on an application filed by interest on the unit of t	amendment referred ty to disclose inform not believe the sam atented or described ar prior to this appli year prior to this appli year prior to this appli ed before the date one or my legal reprid that no application	to above. nation which is mater e was ever known or i in any printed publication, that the same oplication, that the inve of this application in a esentative or assigns of i for patent or inventor	used in the lication in any was not in puention has no iny country formore than twr's certificate	ability as defir United States of y country befoublic use or on t been patented oreign to the U velve months (on this inventi	of America be of America be ore my or our sale in the Ur d or made the United States of six months for on has been f	of, Code of a fore my or invention inted States e subject of of America or designs) filed in any
	except as follows. I hereby claim foreign for patent or inventor's ce inventor's certificate having Prior Foreign Applicati	priority benefits un rtificate listed below a filing date before t	der Title 35, United St v and have also iden	tates Code, § tified below	119(a)-(d) of ar any foreign a	ny foreign app pplication for	plication(s) patent or
Insert Priority	Thoi Poreign Applican	Ori(s)				THOMY	
Information (if appropriate)	(Number)	(Country)		(Month/Da	ay/Year Filed) Yes	No
	(Number)	(Country)		(Month/Da	ay/Year Filed) Yes	No
	(Number)	(Country)		(Month/Da	ay/Year Filed) Yes	No
	(Number)	(Country)		(Month/Da	ay/Year Filed) Yes	No
	I hereby claim the benefit listed below.	under Title 35, Unit	ted States Code, §119	•	-		lications(s)
Insert Provisional	,,	289			February 18, 2	2004	
Application(s): (if any)	(Application Number)		(Filing	(Date)			
	(Application Number)		(Filing	Date)			
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:						
Insert Requested Information (if appropriate)	Country		Application Numb	oer	Date of Filin	g (Month/Da	ay/Year)
Insert Prior U.S.	I hereby claim the benefit including for continuation- this application is not disc paragraph of Title 35, Unit patentability as defined in of the prior application and	in-part application(s losed in the prior Uned States Code, §112 Title 37, Code of Fed	s) listed below and, in nited States and/or P 2, I acknowledge the c eral Regulations, §1.56	nsofar as the CT application duty to disclosed which beca	subject matter on in the mann se information ime available	of each of the ner provided which is ma	ne claims of by the first terial to the
Application(s): (if any)	(Application Number)		Filing Date)	(Stat	us – patented,	, pending, ab	andoned)
	(Application Number)	(F	Filing Date)	(Stat	us - patented,	, pending, ab	andoned)

(Rev. 05/2004)

I hereby appoint the practitioners at CUSTOMER NO. 54080 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

•				
full Name of First or Sole Inventor: nsert Name of	GIVEN NAME/FAMILY NAME Louise EDWARDS	INVENTOR'S SIGNATURE)	DATE*
Inventor → nsert Date This		a tawa co	' >	Aug 30/06
Document is Signed	Residence (City, State & Country)		CITIZENS	HIP U
nsert Residence insert Citizenshiv →	Toronto, Canada			Canada
nsert Post Office Address →	MAILING ADDRESS (Complete Street Address c/o NPS Allelix Corp.; 101 College Street, 8th Flo		CANADA	
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME Methvin ISAAC	INVENTOR'S SIGNATURE		Aug 20/06
	Residence (City, State & Country) Brampton, Canada		CITIZENS	HIP Canada
	MAILING ADDRESS (Complete Street Address c/o NPS Allelix Corp.; 101 College Street, 8th Fl		CANADA	
Full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME Martin JOHANSSON	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country) Södertälje, Sweden		CITIZENS	HIP Sweden
	MAILING ADDRESS (Complete Street Address c/o AstraZeneca R&D Södertälje; SE-151 85 Söd			
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Johan MALMBERG	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country) Södertälje, Sweden		CITIZENS	HIP Sweden
	MAILING ADDRESS (Complete Street Address c/o AstraZeneca R&D Södertälje; SE-151 85 Söd			
Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Alexander MINIDIS	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country) Södertälje, Sweden		CITIZENS	SHIP Sweden
	MAILING ADDRESS (Complete Street Address c/o AstraZeneca R&D Södertälje; SE-151 85 Söd			
Full Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Karin STAAF	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country) Södertälje, Sweden		CITIZENS	SHIP Sweden
	MAILING ADDRESS (Complete Street Address c/o AstraZeneca R&D Södertälje; SE-151 85 Söd			

^{*}DATE OF SIGNATURE

-						
Full Name of Seventh Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*			
see above	Abdelmalik SLASSI		Aug. 30 /02			
	Residence (City, State & Country)	CITIZENSHIP				
	Mississauga, Canada		Canada			
	MAILING ADDRESS (Complete Street Address	including City, State & Country)				
	c/o NPS Allelix Corp.; 101 College Street, 8th Fl	loor; Toronto, Ontario M5G 1L8; C	CANADA			
Full Name of Eight	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*			
Inventor, if any: see above	David WENSBO					
	Residence (City, State & Country)		CITIZENSHIP			
	Södertälje, Sweden	Sweden				
	MAILING ADDRESS (Complete Street Address	including City, State & Country)	•			
	c/o AstraZeneca R&D Södertälje; SE-151 85 Söd	lertälje; SWEDEN				
Full Name of Ninth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*			
Inventor, if any: see above	Tao XIN	50	Ag	30,2006		
	Residence (City, State & Country)		CITIZENSHIP			
	Woodbridge, Canada		Canada	}		
	MAILING ADDRESS (Complete Street Address	including City, State & Country)				
	c/o NPS Allelix Corp.; 101 College Street, 8th F	loor; Toronto, Ontario M5G 1L8; (CANADA			
Full Name of Tenth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*	,		
Inventor, if any: see above	Tomislav STEFANAC	Janislaw Stelano	-	30,2006		
	Residence (City, State & Country)		CITIZENSHIP			
	Burlington, Canada		Canada			
	MAILING ADDRESS (Complete Street Address including City, State & Country)					
	c/o NPS Allelix Corp.; 101 College Street, 8th F	loor; Toronto, Ontario M5G 1L8; (CANADA			
Full Name of Eleventh	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*			
Inventor, if any: see above						
	Residence (City, State & Country)	CITIZENSHIP				
•						
	MAILING ADDRESS (Complete Street Address including City, State & Country)					
Full Name of Twelfth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*	ŧ		
Inventor, if any: see above						
	Residence (City, State & Country)		CITIZENSHIP			
	MAILING ADDRESS (Complete Street Address including City, State & Country)					
Full Name of Thirteenth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*	*		
Inventor, if any: see above						
	Residence (City, State & Country)		CITIZENSHIP			
Ì						
ļ	MAILING ADDRESS (Complete Street Address including City, State & Country)					

*DATE OF SIGNATURE

Attorney Docket No. 5999-0526PUS3

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE **FOLLOWING**

(Rev. 05/2004)

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

	next to my name; that	I verily believe that I first and joint invento	am the original, fi or (if plural invent	nce, post office address and ci irst and sole inventor (if only ors are named below) of the s tled:	one inventor is named	
Insert Title:	TRIAZOLE COMPOU	NDS AND THEIR US	E AS METABOTR	OPIC GLUTAMATE RECEPT	OR ANTAGONISTS	
Till to A	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:					
Fill in Appropriate Information –	The specification was f	iled on08/08/20	06 as United	States Application Number _	;	
Facility Mand	and amended on					
For Use Without Specification	the specification was fil	ed on02/17/2005	as PCT Intern	ational Application Number _1	PCT/US2005/005200;	
Attached:	I acknowledge the Federal Regulations, §1.	ny amendment referred duty to disclose infor 56.	d to above. mation which is m	ents of the above-identified spenaterial to patentability as defin	ned in Title 37, Code of	
	our invention thereof, of thereof or more than of America more than of an inventor's certificate on an application filed prior to this application, country foreign to the le except as follows. I hereby claim fore for patent or inventor's	or patented or describe e year prior to this app ne year prior to this ap issued before the date by me or my legal rep and that no applicatio Juited States of Americ eign priority benefits ur certificate listed belo	nd in any printed p lication, that the sa- of this application resentative or assign for patent or inve- ca prior to this appender Title 35, Unite w and have also is	n or used in the United States of publication in any country before me was not in public use or on a invention has not been patented in any country foreign to the U gns more than twelve months (entor's certificate on this inventi- plication by me or my legal rep d States Code, \$119(a)-(d) of ar dentified below any foreign ap- ion on which priority is claimed	ore my or our invention sale in the United States of or made the subject of inted States of America six months for designs) on has been filed in any presentatives or assigns, by foreign application(s) polication for patent or	
	Prior Foreign Applie	cation(s)			Priority Claimed	
Insert Priority Information (if appropriate)	(Number)	(Country)		(Month/Day/Year Filed)	Yes No	
	(Number)	(Country)		(Month/Day/Year Filed)	Yes No	
	(Number)	(Country)		(Month/Day/Year Filed)	Yes No	
	(Number)	(Country)		(Month/Day/Year Filed)	Yes No	
	I hereby claim the benefit under Title 35, United States Code, \$119(e) of any United States provisional applications(s) listed below.					
Insert Provisional Application(s):	00/0	45,289		February 18, 2	004	
(if any)	(Application Number)		(Fil	ing Date)		
	(Application Number)		— (Fil	ing Date)		
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:					
Insert Requested Information (if appropriate)	Country		Application Nu	mber Date of Filing	g (Month/Day/Year)	
	I hereby claim the benefit under Title 35, United States Code, \$120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35. United States Code, \$112 Legterswilders the disclose in (application in the manner provided by the first paragraph of Title 35. United States Code, \$112 Legterswilders the disclose in (application).					
	paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.					
Insert Prior U.S.			6			
Application(s): (if any)	(Application Number)	(I	Filing Date)	(Status - patented,	pending, abandoned)	
	(Application Number)		Filing Date)	(Status - patented.	pending, abandoned)	

Page 1 of 3

I hereby appoint the practitioners at CUSTOMER NO. 54080 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

_						
Full Name of First or Sole Inventor: Insert Name of Inventor → Insert Date This	GIVEN NAME/FAMILY NAME Louise EDWARDS	INVENTOR'S SIGNATURE		DATE*		
Document is Signed Insert Residence	Residence (City, State & Country) Toronto, Canada		CITIZENS	HIP Canada		
Insert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA					
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME Methvin ISAAC	INVENTOR'S SIGNATURE		DATE*		
	Residence (City, State & Country) Brampton, Canada		CITIZENS	HIP Canada		
	MAILING ADDRESS (Complete Street Address c/o NPS Allelix Corp.; 101 College Street, 8th Fl		CANADA			
Full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME Martin JOHANSSON	INVENTOR'S SIGNATURE		DATE* 4/4-200C		
	Residence (City, State & Country) Lund, Sweden		CITIZENS	HIP Sweden		
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o Respiratorius, Magistratsvägen 10, 226 43 Lund					
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Johan MALMBERG	INVENTOR'S SIGNATURE	フ	DATE* 13/9 - 2006		
	Residence (City, State & Country) Södertälje, Sweden	/	CITIZENS	HIP Sweden		
	MAILING ADDRESS (Complete Street Address c/o AstraZeneca R&D Södertälje; SE-151 85 Söd					
Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Alexander MINIDIS	INVENTOR'S SIGNATURE		Sept 1000		
	Residence (City, State & Country) Södertälje, Sweden	,	CITIZENS	HIP Sweden		
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o AstraZeneca R&D Södertälje; SE-151 85 Södertälje; SWEDEN					
Full Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Karin STAAF	INVENTOR'S SIGNATURE Kann Start		DATE* Sept Dith, 2006		
	Residence (City, State & Country) Södertälje, Sweden		CITIZENS	SHIP Sweden		
	MAILING ADDRESS (Complete Street Address c/o AstraZeneca R&D Södertälje; SE-151 85 Söd					

*DATE OF SIGNATURE

(Rev. 05/2004) Page 2 of 3

Attorney Docket No. 5999-0526PUS3

full Name of Seventh	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
Inventor, if any: see above	Abdelmalik SLASSI							
	Residence (City, State & Country)		CITIZENSI	HIP				
	Mississauga, Canada		(Canada				
	MAILING ADDRESS (Complete Street Address							
	c/o NPS Allelix Corp.; 101 College Street, 8th l	c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA						
Full Name of Eight	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		Sep 12 th				
Inventor, if any: see above	David WENSBO	/andller		<u> </u>				
	Residence (City, State & Country)		CITIZENS					
	Södertälje, Sweden			Sweden				
	MAILING ADDRESS (Complete Street Address							
	c/o AstraZeneca R&D Södertälje; SE-151 85 Sö	odertälje; SWEDEN						
Full Name of Ninth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
Inventor, if any: see above	Tao XIN		Lowers	1110				
	Residence (City, State & Country)		CITIZENS					
	Woodbridge, Canada			Canada				
	MAILING ADDRESS (Complete Street Addre							
	c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA							
Full Name of Tenth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
see above	Tomislav STEFANAC		CUTTIZENIC	I IID				
	Residence (City, State & Country)		CITIZENS					
	Burlington, Canada			Canada				
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
	c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA							
Full Name of Eleventh	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
Inventor, if any: see above			CITIZEN	CLID				
	Residence (City, State & Country)		CITIZEN	51 111				
	NAME AND DESCRIPTION OF THE STANDARD AND AND AND AND AND AND AND AND AND AN							
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
				DATES				
Full Name of Twelfth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
see above	D il (Cit Cirls & Country)		CITIZEN	SHIP				
	Residence (City, State & Country)		CITIZEN					
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
	CWEN NAME / FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
Full Name of Thirteenth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTORSSIGNATURE						
see above	Residence (City, State & Country)		CITIZEN	ISHIP				
	MAILING ADDRESS (Complete Street Addr	ess including City, State & Countr						
		<u> </u>						

*DATE OF SIGNATURE